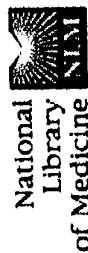


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1: Lancet 2003 Feb 8;361(9356):491-2

## Viability and differentiation of autologous skeletal myoblast grafts in ischaemic cardiomyopathy.

Hagege AA, Carrion C, Menasche P, Vilquin JT, Duboc D, Marolleau JP, Desnos M, Bruneval P.

Assistance Publique-Hopitaux de Paris, Department of Cardiology, Hopital Europeen Georges Pompidou and INSERM EMI-16, Necker-Paris V University, Paris, France. hagege@club-internet.fr

Autologous skeletal myoblast transplantation might improve postinfarction ventricular function, but graft viability and differentiation (ie, proof of concept) has not been shown. A 72-year-old man had autologous cultured myoblasts from his vastus lateralis injected to an area of transmural inferior myocardial infarction in non-reperfused scar tissue. He showed improvement in symptoms and left-ventricular ejection fraction. When he died 17.5 months after the procedure, the grafted post-infarction scar showed well developed skeletal myotubes with a preserved contractile apparatus. 65% of myotubes expressed the slow myosin isoform and 33% coexpressed the slow and fast isoforms (vs 44% and 0.6%, respectively, in skeletal muscle). Myoblast grafts can survive and show a switch to slow-twitch fibres, which might allow sustained improvement in cardiac function.

PMID: 12583951 [PubMed - indexed for MEDLINE]

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myocardial tissue. These results establish the feasibility of myoblast transplants for myocardial repair in humans.

Publication Types:

- Clinical Trial
- Clinical Trial, Phase I

PMID: 12628737 [PubMed - indexed for MEDLINE]

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